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CONFIRMATION NO. 5610

<b>SERIAL NUMBER</b> 10/559,397	<b>FILING OR 371(c) DATE</b> 12/05/2005 <b>RULE</b>	<b>CLASS</b> 250	<b>GROUP ART UNIT</b> 2881	<b>ATTORNEY DOCKET NO.</b> 19241
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## APPLICANTS

Barbara Ballsieper, Taufkirchen, GERMANY;

\*\* CONTINUING DATA \* *Yes* \*\*\*\*\*

This application is a 371 of PCT/EP04/03027 03/22/2004

\*\* FOREIGN APPLICATIONS \* *Yes* \*\*\*\*\*

GERMANY 10325567.2 06/05/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/09/2006

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Zia R. Hashmi</i> Examiner's Signature <i>W</i> Initials				

## ADDRESS

00272

## TITLE

Radiation protection arrangement comprising a separable cover

<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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